

CUSTOMER SERVICE DIVISION

Office locations:

7447 E. Indian School Rd., Suite 110
Scottsdale, AZ 85251

or

9379 E. San Salvador Dr., Suite 100
Scottsdale, AZ 85258

Telephone (480) 312-2400

Fax (480) 312-4806

**City of Scottsdale
PROMOTER APPLICATION****PC 2001**

Fee(s) _____

General Provisions
Ordinance to Applicant
Date & Initial _____Misc. Business License
Ordinance to Applicant
Date & Initial _____Date Original Application
Received _____Bi-Weekly Updates Received
Yes _____ No _____

Promoter License Number _____

City Sales Tax License Number _____

Promoter _____ Phone Number (____) _____

Fax Number (____) _____

Address, City, State, Zip _____

Location of Exhibition _____ Date(s) of Exhibition _____

Applicant Name _____ Email Address _____

List all vendors participating in this exhibition. (if necessary attach additional list)

Name of Business	Permanent Business Location	Owners Name (First, Middle, Last)	Telephone No.	City Sales Tax License No.

Total Number of Vendors _____

I hereby certify that the statements made herein have been examined by me and they are, to the best of my knowledge and belief, true and complete.

Date_____
Signature of Promoter